



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**January 28, 2004**

## QMOC GUIDING PRINCIPLES

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSMHA region. In assessing the necessary data and making appropriate recommendations, the QMOC members agree to the following:

- ◆ Help create an atmosphere that is SAFE.
- ◆ Maintain an atmosphere that is OPEN.
- ◆ Demonstrate RESPECT and speak with RESPECT toward each other at all times.
- ◆ Practice CANDOR and PATIENCE.
- ◆ Accept a minimum level of TRUST so we can build on that as we progress.
- ◆ Be SENSITIVE to each other's role and perspectives.
- ◆ Promote the TEAM approach toward quality assurance.
- ◆ Maintain an OPEN DECISION-MAKING PROCESS.
- ◆ Actively PARTICIPATE at meetings.
- ◆ Be ACCOUNTABLE for your words and actions.
- ◆ Keep all stakeholders INFORMED.

Adopted: 10-27-99  
Revised: 01-17-01



**North Sound Mental Health Administration  
Quality Management Oversight Committee  
NSMHA Conference Room  
January 28, 2004  
12:30 – 2:30**

**AGENDA**

				<b>Page #</b>
<b>1.</b>	<b>Open the meeting &amp; comments from the Chair – Welcome new to members</b>			
<b>2.</b>	<b>Approval of December 2003 Minutes</b> <small>Action Item</small>	<b>Chair Byrne</b>		<b>3</b>
<b>3.</b>	<b>Reports</b>			
	<b>A. Quality Management Department Report</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	15 min	<b>6</b>
	<b>B. NSMHA PHP Audit Corrective Action Plan</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	20 min	<b>7</b>
	<b>C. Quality &amp; Utilization Management Plan 2004-2005</b> <small>Action</small>	<b>Mr. McDonough</b>	30 min	<b>10</b>
	<b>D. Response from Regional Quality Management Committee to QMOC request for revision to the CECS manual</b> <small>Action</small>	<b>Ms. Klamp</b>	10 min	<b>11</b>
	<b>E. BBA Requirements/MHD Quality Strategy minutes</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	20 min	<b>12</b>
	<b>F. Telesage Outcomes Project Update</b> <small>FYI and Discussion</small>	<b>Ms. Striplin</b>	10 min	<b>13</b>
	<b>G. 2004-2005 Audit Schedule and Plan</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	10 min	<b>14</b>
<b>4.</b>	<b>Other Business</b>			
	<b>A. Meeting Evaluation</b>	<b>Chair Byrne</b>	5 min	<b>15</b>
<b>5.</b>	<b>Adjourn</b>			



**North Sound Mental Health Administration  
Quality Management Oversight Committee  
NSMHA Conference Room  
December 17, 2003  
12:30 – 2:30**

**MINUTES**

**Present:**

Andy Byrne, QMOC Chair, Board of Directors  
Wendy Klamp, NSMHA Quality Manager  
Beckie Bacon, NSMHA QRT  
Sharri Dempsey, Tribal Liaison/OCA Manager  
Mary Good, Advisory Board Member  
Gary Williams, County Coordinator  
Terry McDonough, Quality Specialist  
Karen Kipling, VOA  
Chuck Davis, Ombuds  
Karen Townsend NSMHA Quality Specialist  
Bob LeBeau, APN  
Joan Dudley, Lake Whatcom Center

**Not Present:**

Claudia D'Allegrì, Sea Mar  
Joe Johnson, NSMHA Board  
Michael S. White, IS Specialist  
Joan Lubbe, NSMHA Advisory Board

**Others Present:**

Chuck Benjamin  
Greg Long  
Shari Downing

**1. Open the meeting & comments from the Chair**

Chair Byrne opened the meeting at 12:35 pm and welcomed those present. Chair Byrne pointed out that this is the last QMOC of 2003 and that there will be new membership in January. There is an addition to today's agenda the Ombuds have a report. The schedule for the meeting of QMOC will change from the 3<sup>rd</sup> Wednesday of the month to the 4<sup>th</sup> Wednesday. This change will begin with the next scheduled meeting being January 28<sup>th</sup> 2004. There will be a mailing to remind current and new membership of the new meeting schedule. Chair Byrne thanked all members for their participation in 2003.

**2. Approval of November 2003 Minutes**

Motion to approve as written, seconded, all in favor, **motion carried.**

**3. Reports**

### **A. Quality Management Department Report**

Ms Klamp distributed the Quality Management Department Report for November stated that main focuses have been on completing the first draft of the Utilization Management Sub Committee structure and completing the Quality Management Plan. NSMHA continues to monitor WCPC's ICRS sheets, and we have submitted our complaint and grievance report to MHD on time. This has been a busy month for us. See attachment A for more details. Wendy was thanked for his report.

### **B. NSMHA PHP Audit**

Mr. Benjamin gave a PowerPoint presentation to QMOC on the PHP audit. Kelly Foster assisted in this audit report for our certification to operate as a PHP Health plan. We are at 100% for contractual compliance however, we are at 81% for Clinical records, 70% for Crisis Planning, and we have continued to score low in areas of Treatment Planning and Case Management. Chuck stated that we had already addressed some of these issues before we got the report. A written Corrective Plan is due to MHD. See attachment B for more details. Chuck told the committee that he has received a letter from Vice President Dick Cheney commending NSMHA on the story and poem contest publication. Chuck also added that the Exemplary Service Awards are going to be given out this year at the Recovery Conference Luncheon instead of at the Board of Directors meeting. Chuck was thanked for his report.

### **C White Paper**

Ms. Klamp gave a PowerPoint presentation to the committee on Dale Jarvis and Barbara Mauer's "White Paper." Wendy gave an overview of the Balanced Budget Act and the impacts of its implementation, and the history of Title XIX. Wendy also added that it is an unfunded mandate. A lengthy committee discussion followed. See attachment C for details Mr. Long handed out MHD's Statewide Actuary Study & Client Service Data Reporting to the committee. Wendy stated that we should be knowledgeable and be educated about what's going on See attachment D for details. Wendy was thanked for her report.

### **D. NSMHA Organizational Chart**

Ms. Klamp handed out the draft NSMHA committee and subcommittee organizational chart and went over the structures of the committees. She added that soon all of the committees will have charters and she will bring them to the QMOC committee. See attachment E for details. Chair Byrne thanked Wendy for her report.

### **E. NSMHA Regional Crisis System Review**

Mr. Long handed out the NSMHA Regional Crisis Services System Review Committee Draft Charter and announced that the Board of Directors has asked the NSMHA to do a system wide crisis services review. Snohomish County has asked for an increase in funding to provide crisis services and there is no new monies coming in. Greg stated that the goals are to provide the highest quality of crisis and CDMHP services in our region. Greg indicated that we have not reviewed this system for six (6) years. There will be a broad membership in the committee, and we will meet with other systems. Sharri Dempsey asked

for a Tribal representative on the membership. Greg advised the committee what will come out of this is a report with recommendations going to the Board of Directors meeting May 13<sup>th</sup> 2004. Chair Byrne asked why the May deadline? Greg answered that Snohomish County needs money to keep operating at the current level. Greg was thanked for his report.



#### **F. Quality Management Plan**

Mr. McDonough gave a PowerPoint presentation on the Quality Management Plan. He explained what we have learned, what is going well, and what needs improvement. Chair Byrne thanked Terry for his report.

#### **G. New Member Orientation**

Ms. Klamp stated that she has been asked by the Advisory Board to have a new membership orientation. Wendy asked for a workgroup to put that together and asked for volunteers. Gary Williams, Beckie Bacon and Chair Byrne have volunteered. Orientation should be outside of the regular meeting time, possibly before the regularly scheduled meeting. Chair Byrne asked that we have new member packets with policies and procedures. Wendy was thanked for her report.

#### **H. Ombuds Quarterly Report**

Mr. Davis handed out the Ombuds Quarterly Report and stated that if anyone had any questions to please feel free to give him a call.

### **4. Other Business**

#### **A. Meeting Evaluation Results**

Chair Byrne went over the Evaluation Results from the November Meeting.

### **5. Adjourn**

Chair Byrne adjourned the meeting at 2:37 p.m.

Next QMOC meeting scheduled for January 28, 2003 12:30pm.

Respectfully submitted,

Shari Downing

Please Note:

The attachments referenced herein are part of the official record and attached to the file copy. Please contact the NSMHA at 1-800-684-3555 extension 243 if you have any questions, comments or concerns.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Quality Management Department Report**

**PRESENTER: Wendy Klamp, NSMHA Lead Quality Specialist**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )**

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- ✓ Summaries of the month's activities of the Quality Management Department and Quality Specialist staff will be provided at the meeting.

**CONCLUSIONS/RECOMMENDATIONS:**

- ✓ A summary of Quality Management Department activities will be given to the QMOC on a monthly basis

**TIMELINES:**

- ✓ Ongoing

**HANDOUTS:**

The report will be distributed at the meeting.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: PHP Audit Corrective Action Plan**

**PRESENTER: Wendy Klamp**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )**

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Kelly Foster, our MHD Program Representative, reviewed our corrective action plan and requested some improvements.

**CONCLUSIONS/RECOMMENDATIONS:**

The revised plan has been accepted by MHD.

**TIMELINES:**

N/A

**ATTACHMENTS:**

Corrective Action Plan

# REVISED NORTH SOUND MENTAL HEALTH ADMINISTRATION CORRECTIVE ACTION PLAN

**IN RESPONSE TO: MHD PHP ANNUAL MEDICAL AND ADMINISTRATIVE REPORT**

**SUBMISSION DATE: 12-18-03 REVISED 12-31-03**

**SUBMITTED BY: WENDY KLAMP**

**TITLE: QUALITY MANAGER**

**ORGANIZATION: NSMHA**

AREA OF DEFICIENCY	CORRECTIVE ACTION	TARGET DATE FOR COMPLETION	STATUS/ACTUAL DATE OF COMPLETION	RESPONSIBLE STAFF	CORROBORATING DOCUMENT(S)	COMMENTS
<p><b>Finding: NSMHA/PHP has continued to score significantly low in the areas of Treatment Planning, Crisis Planning and Case Management over the last two years. This year, Clinical Records and Community Support Outpatient Certification (LRA) were also below 90%.</b></p>	<p>1. Ongoing Peer Review already in place will focus attention in these clusters and be reviewed on a quarterly basis through the Regional Quality Management Committee. Minimum expectations for peer review are one chart per clinician per quarter.</p>	Completed	Completed	Wendy Klamp	Peer Review Tool	
	<p>2. Any scores (item, cluster or overall) below 90% will require submission of a corrective action plan to NSMHA. Should an agency's score fail to improve over two consecutive quarters, NSMHA staff will work with the agency to put in place additional remedies such as increasing the amount and frequency of peer review.</p>	Ongoing	Ongoing			
	<p>3. NSMHA will conduct Concurrent Reviews on an ongoing basis to monitor these areas and ensure interrater reliability with the Peer Review process. In 2004 the reviews will parallel the provider peer review N and will take place in the first biennial quarter. In 2005 we will review a minimum of 500 charts due to the adoption of new WAC standards. These reviews will take place in conjunction with the administrative audit schedule.</p>	Ongoing 2004-2005	Ongoing 2004-2005			

	<p>4. A new Crisis Plan form was developed in collaboration with providers and implemented late in 2003. NSMHA will conduct a focused review of this cluster in January 2004 to determine if the new form and training that have occurred have been effective quality improvement.</p> <p>5. Our largest provider Compass Health has established an ongoing documentation training program and both new staff and staff demonstrating deficiencies are trained using a systematic and thorough training model.</p>	January 31, 2004	January 31, 2004			
<p><b>Recommendation: that NSMHA analyze the results of last year's system review of utilization management and resource management. These components of quality management should be improved in order that a process is put in place that would clearly measure access for all consumers, including older adults. The system of utilization management should also ensure that each consumer has equal access to all components of services including employment services.</b></p>	<p>1. NSMHA has assigned 1.0 FTE staff to focus on the development and ongoing implementation of a greatly enhanced utilization management program. Measures of access for all consumers to all components of services will be prioritized in the plan.</p> <p>2. NSMHA staff and provider staff will attend training Dec. 10-11 for Certification in Utilization Management.</p> <p>3. A Utilization Management Sub-Committee has been formed and a charter written.</p> <p>4. A Utilization Management Plan is being written in collaboration with providers that will include monitoring components for these areas of concern. Over and under utilization and other issues that are identified will be referred to the NSMHA QMC and QMOC for action leading to quality improvement.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>02-01-2004</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>02-01-2004</p>	<p>Wendy Klamp, Terry McDonough, Linda Benoit</p>	<p>UM sub-committee charter</p> <p>Certification (CPUM) documentation</p> <p>UM plan 2004-2005</p>	

	5. Measures of Access for all consumers to all components of services will be monitored through ongoing review of a sample of cases receiving Notice of Action.	Ongoing beginning in February 2004	Ongoing		Utilization review tools for prospective, concurrent and retrospective case reviews	
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## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: NSMHA Quality Management Plan 2004-2005**

**PRESENTER: Terry McDonough**

**COMMITTEE ACTION:        Action Item (X) FYI & Discussion ( ) FYI only ( )**

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- The NSMHA QM Plan for 2004-2005 will be presented
- The QM Plan includes several components
  - Program Description
  - System Design Guiding Principles
  - Scope of the QM Plan
  - Structure of the QM Program
  - Program Standards
  - QM Work Plan
    - Quality Assurance Strategies
    - Quality Improvement Strategies
    - Utilization Management Strategies

**CONCLUSIONS/RECOMMENDATIONS:**

- The QM Plan will be presented to QMOC for review and approval

**TIMELINES:**

N/A

**ATTACHMENTS:**

- QM Plan will be sent to QMOC members, either by e-mail or regular mail

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Response fro QMC to QMOC re: Assault Definition

**PRESENTER:** Wendy Klamp

**COMMITTEE ACTION:** Action Item (x) FYI & Discussion ( ) FYI only ( )

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

In November QMOC requested that NSMHA's Clinical Eligibility and Care Standards include a definition for assault. This request seemingly simple, has helped us to realize that further development and overall clarification of the CECS Residential section is needed.

**CONCLUSIONS/RECOMMENDATIONS:**

Workgroup is being formed to complete this project.

**TIMELINES:**

N/A

**ATTACHMENTS:**

N/A



## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: BBA Requirements/MHD Quality Strategy**

**PRESENTER: Wendy Klamp**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )**

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Extensive new requirements from the Balanced Budget Act of 1997 went into effect on 8/03 and have been incorporated into the MHD Quality Strategy. In order to meet these requirements, NSMHA will need to incorporate many new functions, policies and other activities.

**CONCLUSIONS/RECOMMENDATIONS:**

N/A

**TIMELINES:**

N/A

**ATTACHMENTS:**

MHD Quality Strategy

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM: 2004-2005 Audit Schedule and Plan**

**PRESENTER: Wendy Klamp**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )**

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

As part of our QM plan, we will continue to work with MHD in performing our Administrative, Clinical and Fiscal Audits. We have developed this schedule for the 2004-2005 biennium.

**CONCLUSIONS/RECOMMENDATIONS:**

N/A

**TIMELINES:**

N/A

**ATTACHMENTS:**

2004-2005 Audit Schedule

# QUALITY MANAGEMENT OVERSIGHT COMMITTEE MEETING EVALUATION FORM

Please complete this form and turn it in at the end of the meeting to the secretary.

## 1. Receipt of Information:

A. Was information received in a timely manner?

1                      2                      3                      4                      5  
Does not meet expectation              Meets expectation                      Exceeds expectation

B. Overall, did you receive enough information to make informed decisions?

1                      2                      3                      4                      5  
Does not meet expectation              Meets expectation                      Exceeds expectation

C. Was information sent to the appropriate place?

1                      2                      3                      4                      5  
Does not meet expectation              Meets expectation                      Exceeds expectation

D. Did we use the appropriate method? (Fax, mail, etc.)

1                      2                      3                      4                      5  
Does not meet expectation              Meets expectation                      Exceeds expectation

## 2. Meeting Logistics:

A. Are meeting times convenient for you?    \_\_\_Yes    \_\_\_No

B. In order of priority (1, 2, 3) would you rather meet  
    \_\_\_morning or \_\_\_afternoon or \_\_\_evening?

C. Are meeting places convenient for you?

1                      2                      3                      4                      5  
Does not meet expectation              Meets expectation                      Exceeds expectation

## 3. Are meeting agendas complete and understandable?

1                      2                      3                      4                      5  
Does not meet expectation              Meets expectation                      Exceeds expectation

## 4. Are meetings conducted in such a way to allow you to speak and participate with a sense of safety and comfort?

1                      2                      3                      4                      5  
Does not meet expectation              Meets expectation                      Exceeds expectation

## 5. Are there any special accommodations you need that would be helpful to you? If so, what are they?

- Yes  
 No

Please provide any additional comments you may have.

Total Score \_\_\_\_\_

Meeting Date 01/28/2004 Name (optional)\_\_\_\_\_